

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at:
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STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Governor Scott Walker

Secretary Dave Ross

7/11/12
Signed payment Plan and
first \$250 (of four)
rec'd
mlk
Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov

Web: <http://dsps.wi.gov>

Voice: 608-261-7937 • FAX: 608-266-2264 • TTY: 608-267-2416

June 21, 2012

AMANDA K BRULZ
4748 S FOREST POINT BLVD
NEW BERLIN WI 53151

ORDER 0001909

Re: **Case number 12 BAC 008/Amanda K. Brulz #81 33570 (Manager license)**

ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN

Dear Ms. Brulz:

You have received one or more citations for violations of the Barbering & Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve those citations. By returning an original signed copy of this letter along with partial payment, you accept the forfeiture(s) imposed on the citation(s) you received and agree to pay the forfeiture amount(s) in full. To enter into this agreement and to accept the payment plan below:

- You must sign and date this document below and return the original to Michelle Krisher at the address listed above.
- You must also include a partial payment of \$250 when returning this document.
- You must return a copy of the citation(s) with this document.
- Subsequent payments of \$250 are due every 60 days following the date of the previous payment due date until the full amount has been paid and must be sent by addressing to Department Monitor at the address above. **In order to assure each payment is credited properly, all payments must reference the case number noted above.** Please use the enclosed envelopes to submit your payments.
- You agree that if you fail to timely submit payment of the forfeiture as set forth above, your license may, in the discretion of the board or its designee, be **SUSPENDED**, without further notice or hearing, until you have complied with payment of the forfeiture.

I hereby accept the forfeitures imposed by the attached citations and the terms set forth above.

Amanda K Brulz
Signature of Licensee or Establishment Owner

7-6-12
Date

So Ordered:

Jeffrey A. Platt
A Member of the Barbering and Cosmetology
Examining Board

9-10-12
Date

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

7/10/12
Signed payment plan
First \$250 (of four) rec'd
mk

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>12 BAC 008</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>ORDER 0001909</u>
<u>Amanda K. Brulz (manager of Charlies East Coast Hair Designs)</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81 33570</u>	<input type="checkbox"/> Establishment Name License # _____

285 N. Janacek Road Brookfield, WI 53045
Street City Zip

Wednesday March 28, 2012 1:30 p.m.
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

Amanda Brulz, manager of record for Charlies East Coast Hair Designs participated in unlicensed practice by allowing Charles Bianco to practice barbering/cosmetology after his temporary permit expired on February 29, 2012

In violation of Section BC 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Michelle Kresher Investigator June 18, 2012
Signature of Investigative Staff Title Date

Amanda Brulz June 21, 2012
Signature of ☒ Licensee OR ☐ Establishment Owner Date

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$ 1000 — BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.